



Semiological and Epidemiological Aspects of Difficult-to-treat Chronic Migraine - Resistant Form

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Introduction

Patients with migraines who lose their nociceptive control capacity evolve into a chronic form that is difficult to manage, with limited therapeutic options. In extreme situations, they can progress to a refractory form, unresponsive to currently available and tested treatments.

Objective

To determine the semiological and epidemiological aspects of a population with chronic migraine that is difficult to treat in its resistant subtype.

Material and Methods

Patients with chronic migraine that is difficult to treat and/or resistant were allocated to a cross-sectional study conducted at the Headache Clinic of the Clinical Hospital of the Federal University of Paraná. Semiological and epidemiological aspects, as well as comorbidities such as anxiety, depression, allodynia, primary stabbing headache, daytime sleepiness, autonomic symptoms, and quality of life were evaluated.

Results

99 patients with chronic migraine (57.6% in the resistant subtype) were evaluated, with a mean age of 54.6±13.5 years, 82.8% female, BMI of 26.2±4.4, 53.5% married, and 56.6% with a medium or higher education level. The average duration of pain in years was 26±16.6, with a pain intensity of 7.3±2.1 points (VAS). Prophylactic treatment was ineffective in 90.9% of cases. In the past 12 months, 66.7% reported worsening, with an increase in duration in 75%, intensity in 60.3%, and frequency in 67.6%. The number of days with pain in the last three months was 21.1±9.1 days/month. Triggers for pain intensification were reported by 97% of cases (emotional stress 87.9% and physical stress 78.8%). Premonitory symptoms were present in 98% of cases (visual 67.7%, phonophobia 65.7%, cognitive decline and irritability 60.6%, photophobia 58.6%, osmophobia 57.6%, and neck pain 49.5%). The pain location was frontal in 70.7% and occipital in 49.5%, with pulsatile characteristics (49%) and/or compressive (28.6%), and autonomic symptoms in 63.6%, with conjunctival hyperemia and tearing being the most reported (29.3% and 22%). Primary stabbing headache was described by 48.5% and allodynia by 54.1%. Anxiety scale (GAD7) was 12.9±6.4, depression (PHQ) 13.6±7.2, quality of life (MIDAS) 92.7±75.9, and sleepiness (Epworth) 7±5.

Conclusion

The clinical and epidemiological characteristics of difficult-to-treat chronic migraine, and its resistant subtype were thoroughly described in this study.